



Updates from the Field TECHNICAL NOTES

No. 6 Series of 2001
<http://www.msh.org.ph>

THE MATCHING GRANT PROGRAM A Strategy to Expand Local Health Service Delivery

Background

In 1999, the Philippine Department of Health launched the Matching Grant Program (MGP) to help municipalities and cities expand service delivery coverage and improve the quality of primary health care for women and children in a decentralized system. The program aims to fully immunize children under 12 months of age, protect newborns from tetanus, supplement the diets of children from one to five years of age with vitamin A, and increase the use of modern contraceptives among married women of reproductive age.

As a component of the Integrated Family Planning and Maternal Health Program, the MGP initially targeted municipalities and cities with large populations but is now available to smaller and poorer municipalities (health districts, for example) that can be clustered. The shift was made to strike a balance between the goal of achieving impact and the need to focus resources on disadvantaged populations.

The MGP focuses on expanding service delivery in these areas through financial and technical assistance while promoting improved quality of services. By focusing on service

delivery expansion, the program intends to correct inequities in the delivery of health services and facilitate the flow of funds to the point of service.



How the Matching Grant Program Works

The MGP uses a “grantee-friendly” application process, with the local government units (LGUs) defining their own goals and strategies based on actual needs (see Box 1). Through the Department of Health Centers for Health Development, the MGP provides

grants of about PhP250,000-500,000 (US\$5,000-10,000) to interested LGUs. A grantee municipality or city provides additional funds to indicate commitment to the program and enhance program sustainability. In the past, LGUs determined how much they would contribute, but this amount was later standardized at no less than 25% of the total grant amount. LGUs use their contributions to meet the Sentrong Sigla certification requirements and/or to enroll indigent families in the Indigent Program of the Philippine Health Insurance Corporation (PhilHealth).

Management Sciences for Health, through funding from USAID, provides technical assistance to all participating municipalities, cities, provinces, and regions. The MGP technical assistance package, which uses a learning-by-doing approach, was developed and used in training and planning activities for the LGUs (see Box 2). The technical assistance package includes training health providers to implement the community-based monitoring and information system, and conducting health facility self-assessments to



MATCHING GRANT PROGRAM
Department of Health

Box 1. The MGP Process

1. A Department of Health Center for Health Development (CHD), formerly known as the Regional Health Office, invites eligible LGUs to submit a letter of interest to participate based on the program description in the MGP Fact Sheet.
2. An interested LGU submits a letter of interest to the CHD.
3. The CHD orients the interested LGU to the MGP and assesses the LGU's needs.
4. The CHD and LGU sign a memorandum of agreement.
5. The CHD releases 40 percent of the MGP grant.
6. The LGU conducts a community-based assessment of households and a health facility assessment.
7. The LGU develops a work plan using the assessment data, with technical assistance from the CHD and concerned province, and submits the plan to the CHD for approval.
8. The CHD releases the remaining 60 percent of the grant upon approval of the work plan.
9. The LGU implements the work plan.
10. The CHD and concerned province monitor MGP implementation in the area and provide technical assistance.
11. A subsequent grant may be made available to any LGU that reapplies, subject to the availability of funds, the LGU's need for further improvement in health service delivery, and its ability to fulfill its MGP commitments as demonstrated by its previous performance.
12. Steps 4-11 are repeated.

establish innovative and responsive interventions that address the unmet needs of women and children. The community-based monitoring and information system enables health service providers to identify, categorize, and prioritize women and children who need health services. The health facility self-assessment helps LGUs identify the deficiencies of their existing health facilities. Together, the data generated from the community-based monitoring and information system and health facility self-assessment provide a basis for planning and monitoring MGP activities.

During the early stages of MGP implementation, the community-based monitoring and information system survey was conducted after the LGU work plan had been formulated and approved. This prevented the LGUs from preparing a needs-based plan from the outset and made it necessary to spend time adjusting the plan based on the survey results. The process was changed, making the baseline survey a prerequisite for work planning.

Box 2. MGP Technical Assistance Package for LGUs

Phase 1

Day 1

Session 1: Workshop Objectives, Design, and Program of Work

To enable participants to understand the workshop objectives, method of work, and the rationale of the team approach to implementing the MGP technical assistance package.

Session 2: Community-Based Monitoring and Information System (CBMIS):

Family Profile (Form 1)

To enable participants to understand the CBMIS and correctly fill out the Family Profile.

Session 3: Family Profile Field Practicum

To enable participants to plan and conduct a field interview, including actually filling out a Family Profile.

Day 2

Session 4: Review of Family Profiles

To give participants the skills to review and correct the Family Profiles.

Session 5: Barangay CBMIS Tally Sheet (Form 2)

To enable participants to summarize the Family Profiles using the Barangay CBMIS Tally Sheet.

Session 6: Call Cards and Midwife's Copy

To enable participants to identify the unmet needs of each family using data from Family Profiles, properly fill out a call card, and prepare a duplicate copy (midwife's copy) for each call card issued.

Session 7: Municipal CBMIS Tally Sheet (Form 3)

To enable participants to properly fill out a Municipal CBMIS Tally Sheet.

Session 8: "From the Top"

Using data from the field practicum, to enable participants to summarize information using Forms 2 and 3, identify the unmet needs of each family, fill out call cards and midwife's copies as needed, and summarize completed Barangay CBMIS Tally Sheets for eventual transfer to the Municipal CBMIS Tally Sheet.

Session 9: Updating the CBMIS

To enable participants to appreciate the importance of properly updating the CBMIS forms and understand the process of CBMIS updating.

Day 3

Session 10: Health Facility Assessment

To enable participants to use the facility self-assessment checklist in conjunction with the Sentrong Sigla Quality Standards Lists and identify corresponding areas for improvement.

Session 11: Planning for CBMIS Initial Profiling and Facility Assessment

To enable participants to plan for CBMIS roll-out (training of health workers), survey of priority barangays, and assessment of health facilities.

Box 2, continued: MGP Technical Assistance Package

Phase 2 (2 months after Phase 1)

Day 1

Session 1: Workshop Objectives

To enable participants to understand the workshop objectives and become familiar with the workshop syllabus, session guides, and background materials.

Session 2: Developing the Definition of the Problem

To enable participants to identify health problems, define the indicators for measuring and monitoring the chosen problems, and quantify the current problems.

Session 3: Presentation of CBMIS Data and Health Facility Assessment

To enable participants to present the results of their initial CBMIS survey.

Day 2

Session 4: Health Facility Assessment Discussion and Causal Analysis

To enable participants to analyze and prioritize health facility deficiencies, problems, and areas for improvement.

Session 5: Defining the Problem-Health Mapping

To enable participants to construct a health map, analyze CBMIS survey data, and identify priorities.

Session 6: Formulation of Objectives and Targets

To enable participants to set objectives for reducing health problems and targets for increasing service delivery coverage.

Session 7: Idea Generation and Selection

To enable participants to identify the most appropriate intervention(s) to reduce the problem(s).

Day 3

Session 8: LGU Planning

To enable participants to develop an LGU plan that addresses the service delivery problems and health facility deficiencies and areas for improvement to qualify for certification.

Session 9: Regional/Provincial Planning

To enable regional/provincial participants to develop a monitoring checklist for health service delivery, certification, and MGP fund utilization.

Session 10: Presentation of LGU Plan for Health Service Delivery and Sentrong Sigla Certification

To enable participants to present their LGU plan for service delivery expansion and achievement of quality standards for certification.

The way in which funds were released was also modified so that funds would be available to conduct the baseline survey. Instead of releasing the grant as a lump sum upon approval of the LGU work plan, funds are now released in two tranches: 40 percent upon signing of the memorandum of agreement and 60 percent upon approval of the work plan.

The Benefits of Implementing the MGP

The MGP, as a granting mechanism and service delivery strategy, is effective in assisting LGUs to improve health services by making more resources available locally. According to an evaluation conducted by the Population Council, the MGP has also enabled the local governments to mobilize additional resources, either financial or in kind, from other sources, such as the Department of Health regional offices, provincial health offices, nongovernmental organizations, and private drug companies, to implement their work plans.

In addition, the MGP planning process allows LGUs to identify gaps in demand generation and service delivery and to adopt multipronged approaches to address these gaps. The community-based monitoring and information system is particularly useful in identifying people who have little or no access to essential public health services, either by choice or by circumstance.

Finally, the MGP adopts a highly participatory process that involves the Department of Health regional offices, provincial health offices, municipal/city health offices, local officials, and volunteer health workers. The Department of Health regional offices manage the program at the subnational level, from identification of grantees to monitoring of plan implementation. The provincial health offices, with their regional counterparts, provide technical assistance to the municipalities and cities during training in use of the community-based monitoring and information system and in the course of program implementation. Municipal/city health workers are primarily responsible for planning and implementation. Local officials provide counterpart resources, in cash, in kind, or both, to facilitate the implementation of planned interventions. The volunteer health workers play a crucial role in implementing the community-based monitoring and information system, particularly in the conduct of the house-to-house survey. The involvement of different levels of government in MGP implementation has reestablished the collaborative relationships that existed before devolution.

Status of MGP Implementation

To date, 145 municipalities and cities across 41 provinces in 14 regions of the country are enrolled in the program (see Table 1). Of these, 81 (56%) have at least one Sentrong Sigla-certified health facility, while 67 (46%) have enrolled their indigent constituents, numbering about 87,764 families, in PhilHealth's Indigent Program. More municipalities and cities are expected to enroll by the end of 2001, as regions and provinces become more interested in the MGP.

Table 1. Matching Grant Program Enrollees, by Region, as of August 31, 2001

Region	No. of Provinces w/ MGP Enrollees	No. of Enrolled Municipalities/Cities (as of 8/31/2001)	% of Enrollees w/ Sentrong Sigla- Certified Health Facility (as of 12/31/2000)	% of Enrollees w/ Indigent Families Enrolled in PhilHealth's Indigent Program (as of 8/31/2001)
<i>Philippines</i>	41	145	55.9	46.2
National Capital Region	n.a.	3	100.0	66.7
Cordillera Administrative Region	0	0	0.0	0.0
Ilocos	3	9	44.4	44.4
Cagayan Valley	2	4	75.0	25.0
Central Luzon	3	4	100.0	100.0
Southern Tagalog	6	7	100.0	85.7
Bicol	3	15	33.3	20.0
Western Visayas	2	17	35.3	35.3
Central Visayas	2	7	71.4	14.3
Eastern Visayas	5	13	23.1	76.9
Western Mindanao	2	2	50.0	50.0
Northern Mindanao	2	3	66.7	33.3
Southern Mindanao	6	53	62.3	47.2
Central Mindanao	3	6	50.0	50.0
Autonomous Region of Muslim Mindanao	0	0	0.0	0.0
CARAGA	2	2	100.0	50.0

Notes:

1. MGP areas account for 10.2% of total number of Sentrong Sigla-certified health facilities nationwide.
2. MGP areas account for 16.6% of total number of indigent families enrolled in PhilHealth's Indigent Program.

This publication was made possible through support provided by the U. S. Agency for International Development, under the terms of Contract No. 492-0480-C-00-5093-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Please address all inquiries to:

Management Sciences for Health
Unit TN No.4, 10/F Times Plaza Building
U.N. Ave cor Taft Ave, Ermita, Manila, Philippines
Tel. Nos: (632) 525-7145/52/56 Fax No.: (632) 525-6086
E-mail: info@msh.org.ph